

PUBLICATION TRAVELER

SECTION I. (Author completes)

TITLE: _____

AUTHOR(S): _____

WBS NO: _____ UNIQUE IDENTIFIER: _____ LOS ALAMOS DTN
NO.: (If applicable) _____

CHECK ONE

☐ STUDY PLAN

☐ TIP

FOR TIPS:

☐ ABSTRACT

☐ MILESTONE (Number _____)

☐ CONFERENCE PROCEEDINGS

☐ LA MANUSCRIPT REPORT

☐ JOURNAL ARTICLE

☐ OTHER

NAME OF CONFERENCE, DATE, NAME OF JOURNAL ARTICLE, ETC.

SECTION II. (TPO Completes)

I HAVE REVIEWED THE TIP OR STUDY PLAN FOR CONTENT, QUALITY ASSURANCE, AND POLICY.

COMMENTS ATTACHED: ☐ YES ☐ NO (If YES, a Review Sheet will be attached)

TPO: _____
Print name Signature Date

SECTION III. (Author completes)

ALL REVIEW COMMENTS HAVE BEEN RESOLVED.

AUTHOR: _____
Print name Signature Date

SECTION IV. (TPO Completes)

THIS TIP OR STUDY PLAN IS ACCEPTABLE AND MAY BE PUBLISHED AS APPROPRIATE

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